

File

7:30 PM
7:30 AM
12 noon
1:00 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 46146
A 39269

DATE 7/12/90

DATE SYSTEM APPROVED 7/20/90

INSPECTOR C.B.R.

William H. Smith, Jr. Septic, Water and Pump System IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 330, Forest Hill, Maryland 21040 PHONE 879-7641

SUBDIVISION Huntsman Ridge ROAD 16900 Old Frederick LOT 2

PROPERTY OWNER Dennis Thompson

ADDRESS _____

~~SEWAGE DISPOSAL SYSTEMS SHALL BE DESIGNED TO ACCOMMODATE THE MAXIMUM CAPACITY OF THE HOUSE AND ABSORPTION AREA.~~

~~CASES OF GROUND WATER CONTAMINATION ARE COMMON IN THIS AREA.~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

SHALLOW SYSTEM ONLY DUE TO ROCK

TRENCHES - 220 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the North-east lot corner, (intersection of 181.79' and 216.99' lot lines) place the first trench 140 feet down the 216.99' lot line and 50 feet off that lot line. Run trenches along contour toward Old Frederick Road.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7-12-90 JEN

PLANS APPROVED BY C. Williams jr Revised DATE 11/06/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SEWAGE DISPOSAL SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELD. 327-02

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY NOTED). 20013518 POOL

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

BLDG. PERMIT SIGNED AND RETURNED 10/21/93

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED. Serial # 51109

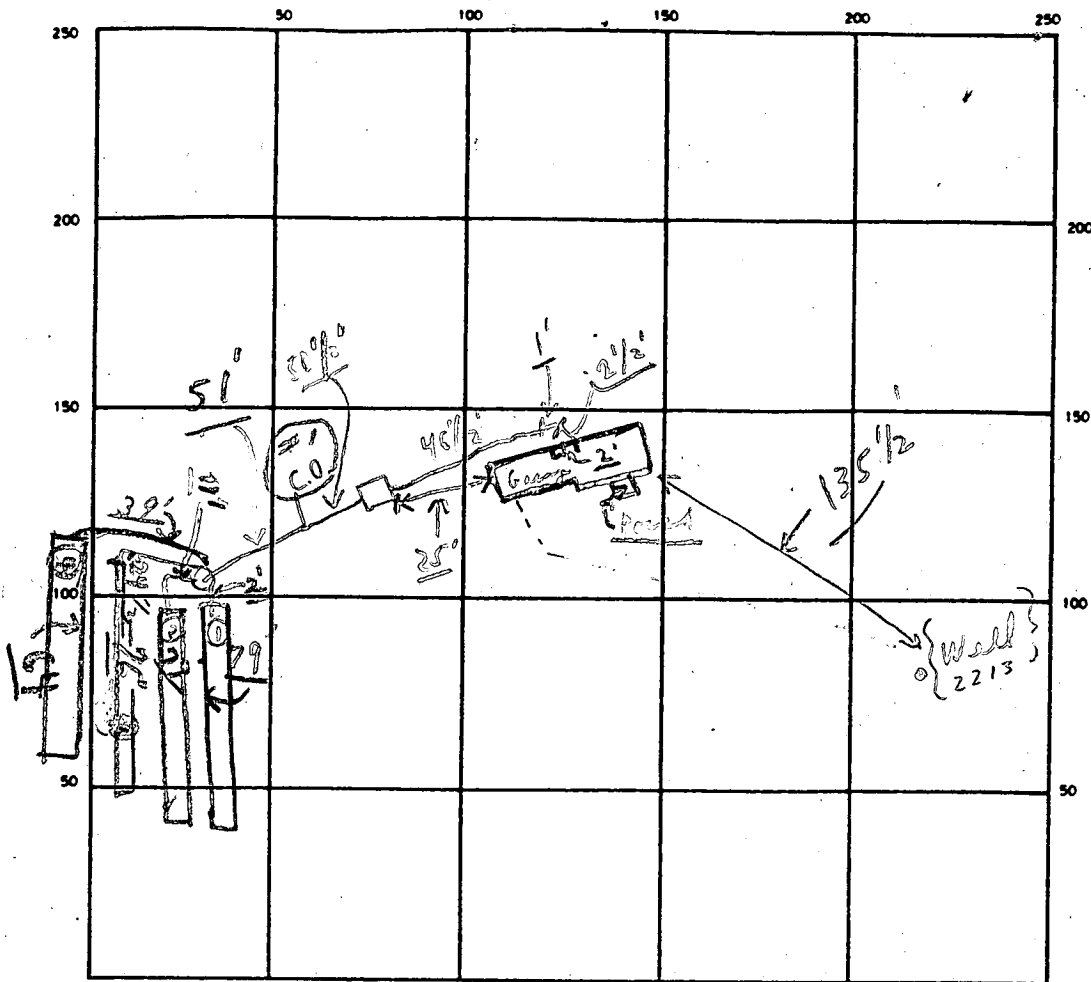
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

1 Story addition

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

39269



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

OLD FREDERICK ROAD

S.T. *Phy* C.O. 1
O.K. *OK* OK

SEPTIC TANK. LEVEL O.K. CLEANOUTS O.K.

DISTRIBUTION BOX. LEVEL O.K. (Baffles is in)

DRAIN FIELD/TILE FIELD. DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3296 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 888 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 888 SQ. FT.

REMARKS 7/20/90 P.M. - Partial - all but 1 trench had 20'
OK TO COVER ALL BUT LAST TRENCH; P.M. - Final on last
trench) - COVER ALL WORK - FINAL.

C.B.D.

(P.M. 7/20/90 W.P.I. - final on line & p.a. C.B.D. call sheet

DATE SYSTEM APPROVED 7/20/90 INSPECTOR Charles Bryan Stearns

Lot 2

Lot new 2

Howard County Sanitarium

9/26/86

5S	4	225	308	309	314	7
5V	11	OK				
6S	4	254	256	256	259	3
6V	10	OK				
7S	4	309	311	311	319	8
7V	11	OK				

60

Av Time 12 min
 Max depth 3 ft

IRVING J. TAYLOR
1634/32

LOT 1
8.181 Ac.

BRUCE T. TAYLOR
1362/559 & 565

BRUCE T. TAYLOR
1620/467
LOT 3
5.360 Ac.

LOT 2
3.169 Ac.

LAND DEDICATED TO
HOWARD COUNTY
FOR THE PURPOSE
OF A PUBLIC ROAD
(0.17 Ac.)

PROPOSED 25'
1/2 R/W

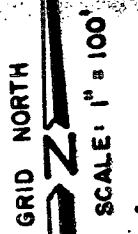
WOODBINE CONTR.
AND BUILDERS, INC.
P70 0920/723

VEHICULAR INGRESS & EGRESS
IS RESTRICTED

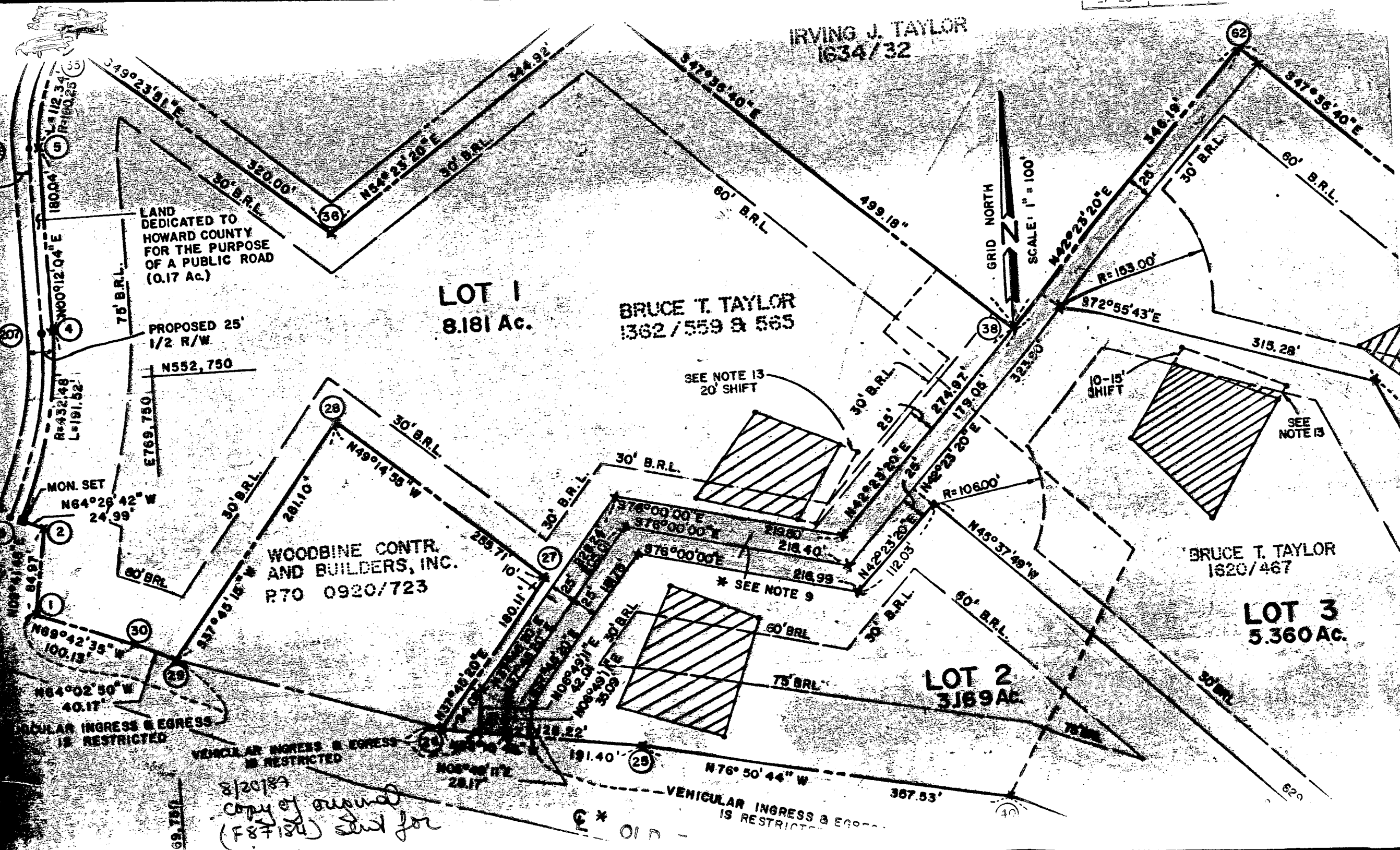
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IS RESTRICTED

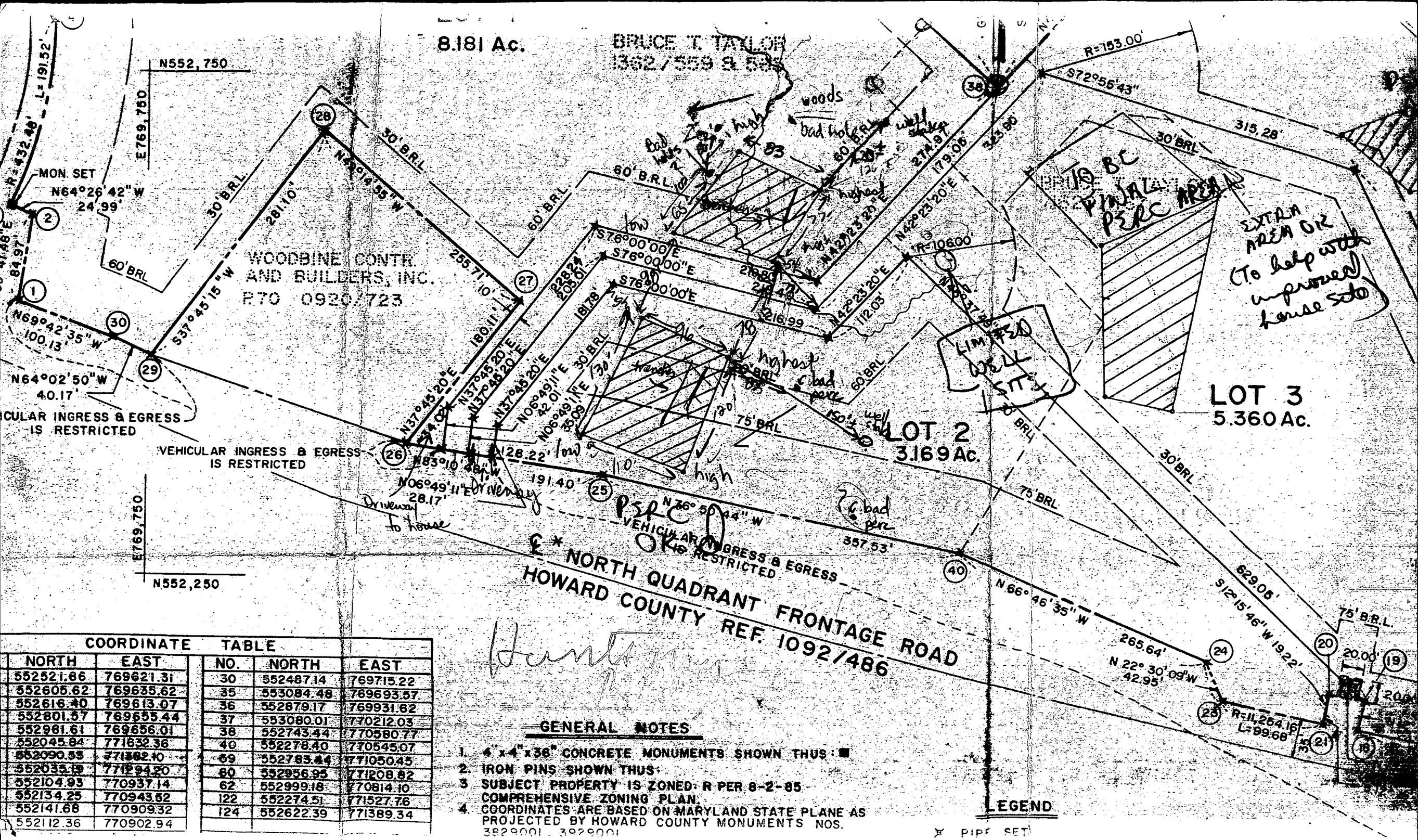
VEHICULAR INGRESS & EGRESS
IS RESTRICTED

8/20/89
Copy of original
(F87184) sent for



SCALE: 1" = 100'





8.181 Ac.

BRUCE T. TAYLOR
1302 / 509 S. 5th

WOODBINE CONTR.
AND BUILDERS, INC.
P.T.O. 0920/723

LOT 2
3.169 Ac.

LOT 3
5.360 Ac.

HOWARD COUNTY REF. 1092/486
NORTH QUADRANT FRONTAGE ROAD

MON SET
N64°26'42"W
24.99'

N69°42'35"W
100.13'

N64°02'50"W
40.17'

VEHICULAR INGRESS & EGRESS IS RESTRICTED

VEHICULAR INGRESS & EGRESS IS RESTRICTED

VEHICULAR INGRESS & EGRESS IS RESTRICTED

COORDINATE TABLE

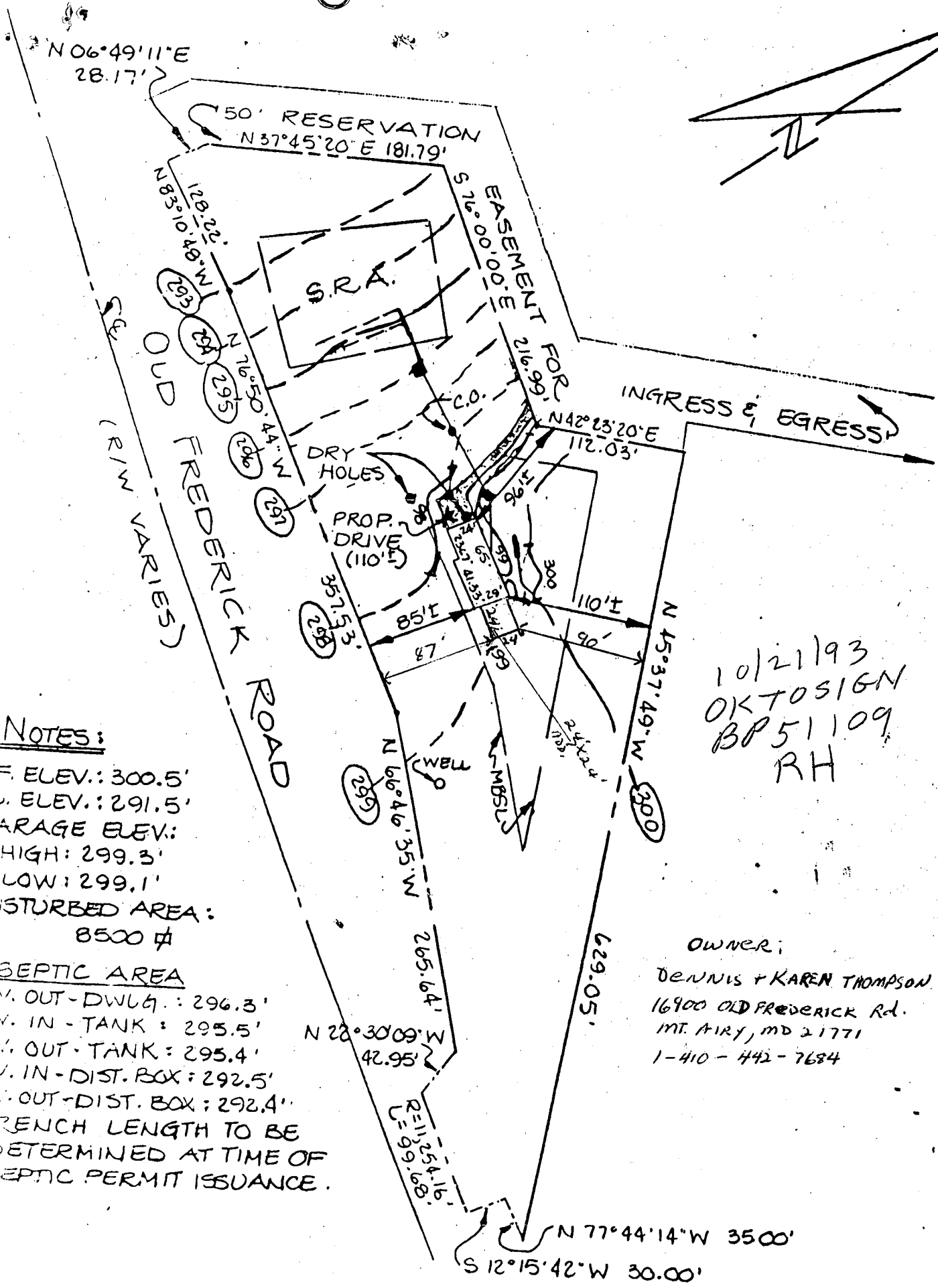
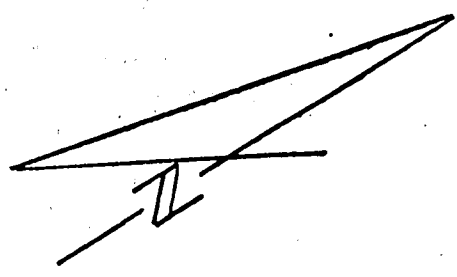
COORDINATE TABLE		NO.	NORTH	EAST
552521.66	769621.31	30	552487.14	769715.22
552605.62	769635.62	35	553084.48	769693.57
552616.40	769613.07	36	552879.17	769931.82
552801.57	769655.44	37	553080.01	770212.03
552981.61	769656.01	38	552743.44	770580.77
552045.84	771832.36	40	552278.40	770545.07
552090.53	771382.10	59	552765.44	771050.45
552035.19	771294.20	60	552956.95	771208.82
552104.93	770937.14	62	552999.18	770814.10
552134.25	770943.62	122	552274.51	771527.76
552141.68	770909.32	124	552622.39	771389.34
552112.36	770902.94			

GENERAL NOTES

- 4" x 4" x 36" CONCRETE MONUMENTS SHOWN THUS: ■
- IRON PINS SHOWN THUS: ●
- SUBJECT PROPERTY IS ZONED R PER 8-2-85 COMPREHENSIVE ZONING PLAN.
- COORDINATES ARE BASED ON MARYLAND STATE PLANE AS PROJECTED BY HOWARD COUNTY MONUMENTS NOS. 3829001, 3929001

LEGEND

✕ PIPE SET



10/21/93
 OK TO SIGN
 BP 51109
 RH

NOTES:

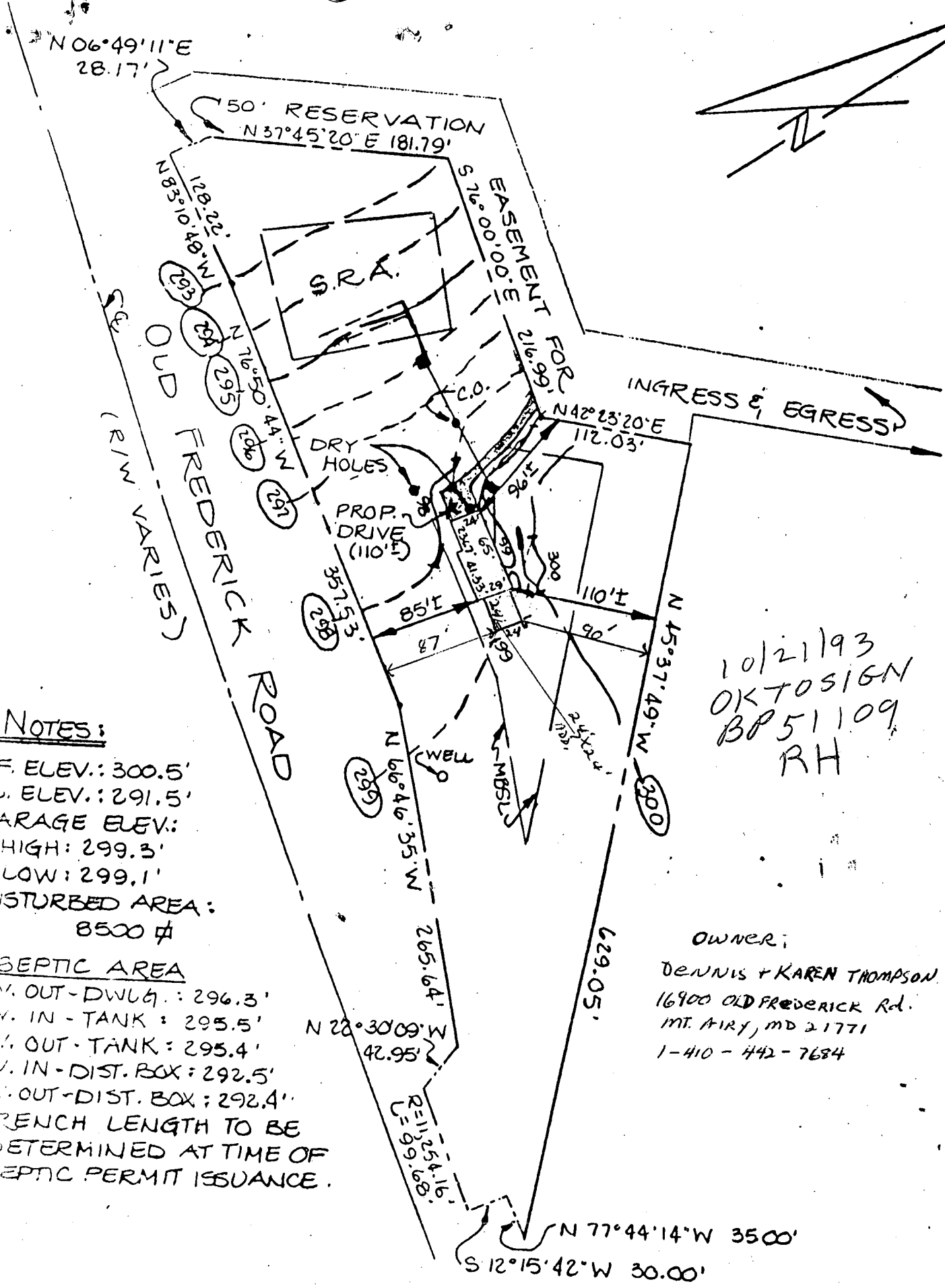
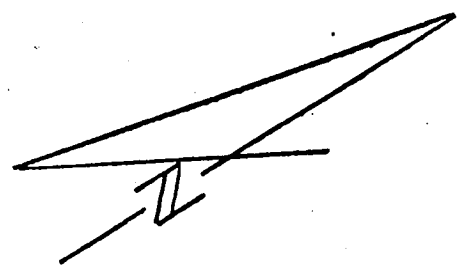
FF. ELEV.: 300.5'
 LL. ELEV.: 291.5'
 GARAGE ELEV.:
 HIGH: 299.3'
 LOW: 299.1'
 DISTURBED AREA:
 8500 sq ft

SEPTIC AREA

NV. OUT-DWLG. : 296.3'
 NV. IN-TANK : 295.5'
 NV. OUT-TANK : 295.4'
 NV. IN-DIST. BOX : 292.5'
 NV. OUT-DIST. BOX : 292.4'
 FRENCH LENGTH TO BE
 DETERMINED AT TIME OF
 SEPTIC PERMIT ISSUANCE.

OWNER:

DENNIS + KAREN THOMPSON
 16900 OLD FREDERICK Rd.
 MT. AIRY, MD 21771
 1-410-442-7684



10/21/93
 OK TO SIGN
 BP 51109
 RH

NOTES:

FF. ELEV.: 300.5'
 LL. ELEV.: 291.5'
 GARAGE ELEV.:
 HIGH: 299.3'
 LOW: 299.1'

DISTURBED AREA:
 8500 #

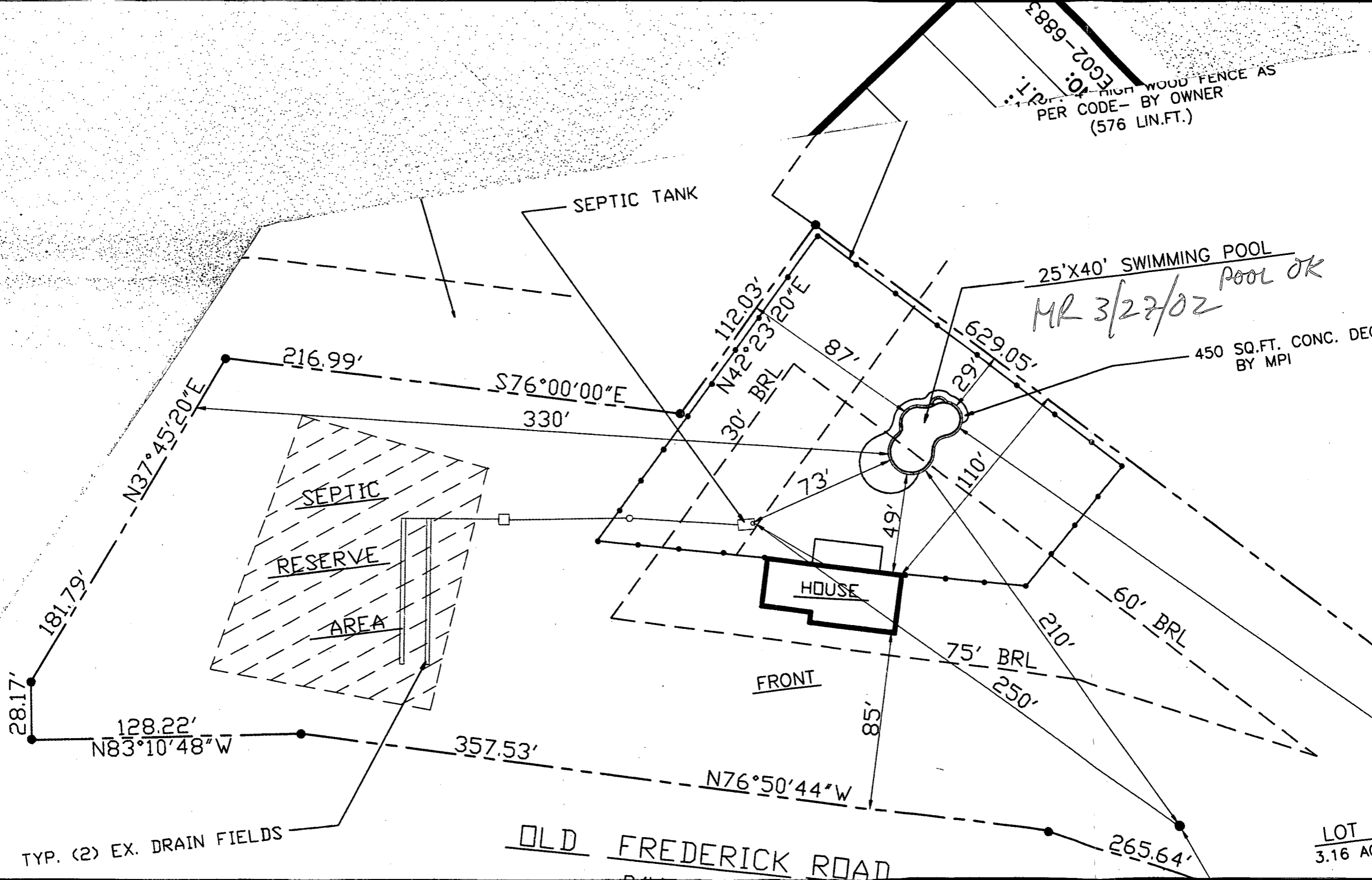
SEPTIC AREA

INV. OUT-DWLG.: 296.3'
 INV. IN-TANK: 295.5'
 INV. OUT-TANK: 295.4'
 INV. IN-DIST. BOX: 292.5'
 INV. OUT-DIST. BOX: 292.4'
 FRENCH LENGTH TO BE
 DETERMINED AT TIME OF
 SEPTIC PERMIT ISSUANCE.

OWNER:

DENNIS + KAREN THOMPSON
 16900 OLD FREDERICK Rd.
 MT. AIRY, MD 21771
 1-410-442-7684

EG02-6883
R.I.
6' HIGH WOOD FENCE AS
PER CODE- BY OWNER
(576 LIN.FT.)



LOT 2
3.16 AC

Building Address 16900 Old Frederick Rd
Mt. Airy, MD 21771

Suite/Apt. #: 0 SDP/WP/Petition #: _____

Census Tract 6040 Subdivision Hunkman's Ridge

Section _____ Area _____ Lot 2

Tax Map 2 Parcel 20 Grid 21

Zoning RC200 Map Coordinates 3A7 Lot size 2.16

Property Owner's Name Dennis & Karen Thompson

Address 16900 Old Frederick Rd

City Mt. Airy State MD Zip Code 21771

Home Phone 410-992-1142 Work Phone 410-580-0500

Applicant's Name & Mailing Address, (if other than stated hereon):
Dana Krawczyk
9575 Gerwin Lane #119
Columbia MD 21046

Phone 410-995-6660 Fax _____

Existing Use SDP

Proposed Use SDP

Estimated Construction Cost \$ 24,000

Description of Work 40' x 20' dimensional concrete pad
on rear yard, 3' x 3' deep filled by truck
peruse to code

Contractor Company Maryland Pools Inc

Contact Person Dana Krawczyk

Address 9575 Gerwin Lane #119

City Columbia State MD Zip Code 21046

License No. 10694

Phone 410-995-6660 Fax _____

Occupant or Tenant Owner

Contact Name Dana Krawczyk

Address _____

City _____ State _____ Zip Code _____

Phone 410-995-6660 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression
<input type="checkbox"/> State Certified Modular	# of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Dana Krawczyk
 Applicant's Signature

Agent M.P.T.
 Title/Company

Dana Krawczyk
 Print Name

3/27/02
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	<u>14622</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ <u>250</u> Excise tax \$ _____ Add'l perm fee \$ _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>3</u> Sub-total paid \$ _____ Balance due \$ _____
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>4072</u> Validation # <u>47361</u>
Health	<u>3/27/02</u>	<u>Mark R. Rife</u>	Lot Coverage for NewTown Zone _____	
Fire Protection			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

B 7 1994

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-2213

fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received

8 13

OWNER INFORMATION

THOMPSON DENNIS

2913 THE ALAMEDA

BALTIMORE MD 21218

DRILLER INFORMATION

Ralph Mayne 275

Ralph Mayne (well Driller)

5170 Knochwood Rd. Mt Airy

Ralph Mayne 4/22/82

B 3

LOCATION OF WELL

HOWARD

HUNTSMAN RIDGE

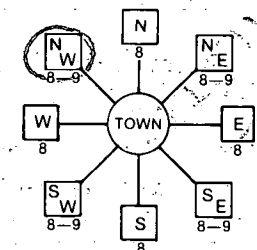
SECTION LOT 2

LISBON

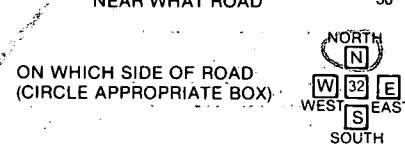
MILES FROM TOWN (enter 0 if in town) 4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



OLD FREDERICK RD.



DISTANCE FROM ROAD 250

ENTER FT or MI 7

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 39269-W

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 080987 B. A. ... 02/04/88

NORTH GRID 552000 EAST GRID 0770000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

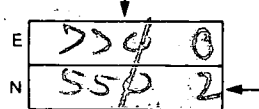
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

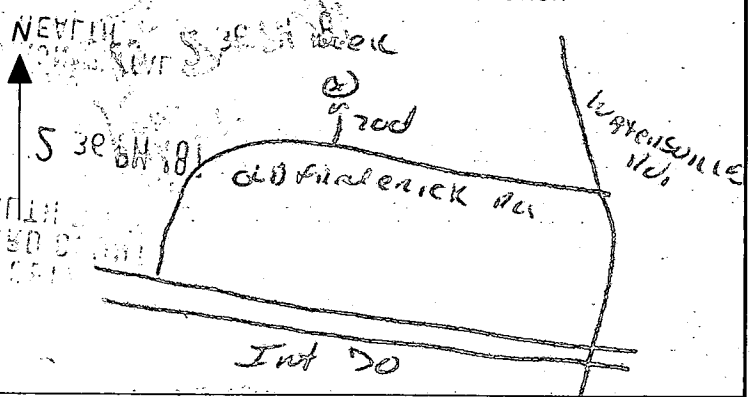
1. well

2.

3. WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE PERMIT NO. 40-81-2213

SPECIAL CONDITIONS 235-1084 # 594-1032 W.

C1 6028

STATE OF MARYLAND (OEP USE NO.)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

A 39269-W

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 08/1887

22 26 185

28 37 110-81-2213

OWNER THOMPSON DENNIS STREET OR RFD OLD FREDERICK ROAD TOWN LISBON SUBDIVISION HUNTSMAN RIDGE SECTION LOT 2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing

Table with 3 columns: Description, Feet From, Feet To. Rows include Top Soil, Brown Slate, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 5 NO. OF POUNDS 500

CASING RECORD

MAIN CASING Nominal diameter Total depth TYPE (nearest inch) (nearest foot) PL 4 20

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

Table with 2 columns: Depth (ft.), Screen. Rows include 9, 15, 17, 45, etc.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

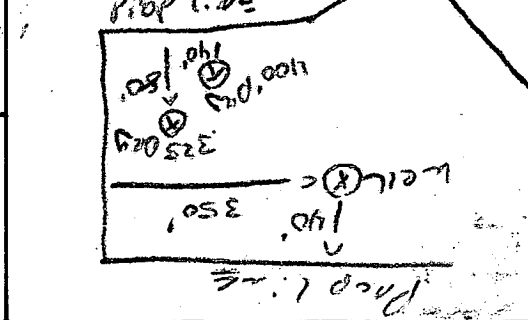
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 14 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 42 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273 DRILLERS SIGNATURE SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)